

BEST AVAILABLE COPY

POSITION	ID NO.	DATE
CLASSIFIER		7 18 90
EXAMINER	720	4-29-97
TYPIST	LB	4-29-97
VERIFIER	444/29/97	
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Final	Original	Date
1	✓		7/1/90
2			4/29/97
3			V V
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SYMBOLS	
<	Rejected
□	Allowed
- (Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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